

PART B - FEE(S) TRANSMITTAL

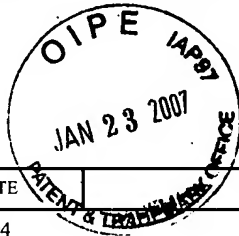
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7590 10/24/2006
LAW OFFICES OF JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, DC 20004



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| (Depositor's name) |
| (Signature) |
| (Date) |

| | | | | |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/779,316 | 02/17/2004 | Kenneth Stuart Duff | P69165US1 | 5209 |

TITLE OF INVENTION: CENTRE PULL TISSUE DISPENSER AND RELATED MECHANISM

| | | | | | | |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 01/24/2007 |

| | | |
|---------------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| WAGGONER, TIMOTHY R | 3651 | 221-041000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DUROLIA PRODUCTS (NZ) LIMITED

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Auckland, NEW ZEALAND

01/24/2007 MAILED 00000077 10779316

02 FC:1504

700.00 OP
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee (700)
- ☒ Publication Fee (No small entity discount permitted) (300)
- ☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached. (1000)
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature John C. Holman

Typed or printed name John C. Holman

Date 23 January 2007

Registration No. 22,769

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